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AUTHOR Venn, John
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ABSTRACT

This information sheet defines physical disabilities and health impairments, describes characteristics of students with these conditions, outlines special considerations necessary in assessing these students, notes key educational considerations and points out some of the special problems in working with preschool children with physical disabilities. The document includes a list of six organizations to contact for further information or assistance and a list of five references. (JDD)

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ERIC Clearinghouse on Handicapped and Gifted Children
THE COUNCIL FOR EXCEPTIONAL CHILDREN
1920 Association Drive • Reston, VA 22091-1589
FAX (703) 264-9494

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1989

STUDENTS WITH PHYSICAL DISABILITIES AND HEALTH IMPAIRMENTS

How are physical disabilities and health impairments defined?

Used in the special education context, *physical disability* or *orthopedic impairment* includes severe disabilities that adversely affect educational performance. There is a diverse range of disabilities in this category including such conditions as cerebral palsy, spina bifida, amputations or limb absences, and muscular dystrophy. According to Connor, Scandary, and Tulloch (1988), "[the] physiological and functional problems [of this population] are complex and diverse, and their handicaps may be temporary, intermittent, chronic, progressive, or terminal" (p. 7).

The term *special health impairment* refers to a variety of health problems that dictate the need for special medical or educational services. Health impairments include convulsive disorders, cystic fibrosis, heart disease, sickle cell disease, hemophilia, asthma, rheumatic fever, cancer, AIDS, or any other chronic or acute health problem that limits strength, vitality, or alertness and adversely affects the student's educational development.

Approximately 1.3% (58,328) of all students receiving special education services are orthopedically impaired, while 1.2% (52,658) are counted as other health impaired (Tenth Annual Report to Congress, 1988).

What are some of the characteristics of these populations?

Some students have no restrictions on what they can do and learn, while others are extremely limited in their activities and require intensive medical and educational help. A physical problem can hamper a student's mobility, coordination, stamina, communication, or learning abilities to such an extent that educational objectives are difficult to accomplish and special education intervention is required.

For example, children with cerebral palsy typically have deficits in gross and fine motor development as well as speech and communication problems. Some children have extremely debilitating physical conditions that result in low intellectual functioning, serious limitations in activities, and multiple primary handicaps. Others function in the average or gifted range intellectually and participate full time in regular classes.

What special considerations are necessary in assessing students with physical disabilities or health impairments?

Examiners must have a broad base of skills in order to measure adequately the functional and cognitive abilities of students who are physically disabled or health impaired. In addition to the areas traditionally evaluated in the assessment of children with mild handicaps, measures should be included in the areas of gross motor, fine motor, and daily living skills; perception; recreation and leisure skills; augmentative communication; and sensory input. Competent diagnosticians recognize their personal limitations and seek help from therapists, educators, physicians, nurses, social workers, and others to gather appropriate data.

Since the assessment of a student who has physical or health impairments is often time consuming and taxing to both the examiner and the child, the team of professionals should meet before data are gathered to consider (a) the nature of the data base desired; (b) the potential use of the data; (c) specific measurement techniques or modifications of traditional measures; (d) who should present the items; (e) the method of data collection; (f) appropriate response modes and/or equipment; (g) position(s) for testing; (h) stamina and fatigue factors; (i) the order in which professionals will conduct the testing; (j) implications of medications for test performance and for the best time of day to test; (k) how data will be shared when evaluations are completed; and (l) the nature of nontraditional measures that should be incorporated in the assessment (e.g., evaluation of the child's milieu) (Reynolds & Clark, 1983). Developing a comprehensive preassessment plan ensures that the information necessary for establishing programs and setting priorities for intervention will be available when needed.

What are the key educational considerations?

One of the main considerations is the use of the team approach in developing and carrying out a child's educational program. The team generally includes the parents, teachers, medical professionals, and health-related professionals such as a physical therapist. Parents are critical members of the team and should be involved in all educational decisions. Sirvis (1988) noted that the team should design a program that meets the needs of the student in five basic goal areas: "(a) physical independence, including mastery of daily living skills; (b) self-awareness and social maturation; (c) communication; (d) academic growth; and (e) life skills training" (p. 400). Interdisciplinary services such as occupational and physical therapy and speech and language therapy are of prime importance for youngsters who have physical disabilities.

Another important educational consideration is placement. Educational services are provided in a variety of settings including regular classrooms, resource rooms, special classes, and other, more restrictive settings including hospital and homebound programs. Approximately 8% of students with orthopedic impairments and 18% of students with health impairments are served in home and hospital environments (Tenth Annual Report to Congress, 1988). Since educational services may include extensive medical and health-related support, arrangements often need to be made to provide these services in diverse educational settings. The need for support services is often a vital consideration in fitting a program to an individual student. Most common among the related services are transportation, physical therapy, occupational therapy, diagnostic services, school health services, counseling, and school social work services (Tenth Annual Report to Congress, 1988).

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It is often necessary to modify and adapt the school environment to make it accessible, safe, and less restrictive. Accessibility guidelines are readily available, and when these guidelines are followed the environment becomes easier for the child to manage independently.

It is important that modifications be no more restrictive than absolutely necessary so that the student's school experiences can be as normal as possible. Many authorities stress the importance of avoiding overprotection of students with physical or health impairments. It is also important to permit students with disabilities to take risks just as their able-bodied cohorts do.

Recent advances in technology have helped to make life more nearly normal for students with physical disabilities. For example, students with cerebral palsy can use computer terminals to aid in communication. Through technology, even a person with the most severe handicaps can have greater control over communication and daily living skills.

Modifying the environment may mean providing special adaptive equipment such as specially designed desks, positioning devices, wedges, or standing tables. Adaptations also may include establishing procedures for dealing with medical emergencies when students have serious medical problems.

What are some of the special problems in working with preschool children with physical disabilities?

One area requiring special attention is the handling and positioning of young children. *Handling* refers to how a child is picked up, carried, held, and assisted. *Positioning* refers to providing support for the child's body and arranging instructional or play materials in special ways. Proper handling helps make the child more comfortable and more receptive to instruction. Proper positioning allows the child to perform and manipulate materials most efficiently (Fraser & Hensinger, 1983).

Communication skills are often difficult for children who have physical disabilities; therefore, preschool programs need to pay special attention to this area.

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Reynolds, C. R., & Clark, J. H. (1983). *Assessment and programming for young children with low incidence handicaps.* New York: Plenum.

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Tenth Annual Report to Congress on the Implementation of the Education of the Handicapped Act. (1988). Washington, DC: U. S. Department of Health and Human Services, Office of Special Education and Rehabilitative Services.

RESOURCES

Accent on Information
P. O. Box 700
Gillum Road and High Drive
Bloomington, IN 61701

American National Standards Institute
1430 Broadway
New York, NY 10018
212/354-3300

American Coalition of Citizens with Disabilities
1346 Connecticut Avenue, N. W.
Washington, DC 20036
202/785-4265

Division on Physically Handicapped
c/o The Council for Exceptional Children
1920 Association Drive
Reston, VA 22091

National Center for a Barrier-Free Environment
1140 Connecticut Avenue, N.W.
Washington, DC 20036
202/466-6896 or 800/424-2809

National Library Service for the Blind
and Physically Handicapped
Library of Congress
1291 Taylor Street, N.W.
Washington, DC 20547
202/287-5100

Revised by John Venn, President, Division for Physically Handicapped,
The Council for Exceptional Children, 1920 Association Drive, Reston, VA 22091.

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